Friends First
PART OF ACHMEA
Friends for life

TERM ASSURANCE & MORTGAGE PROTECTION
APPLICATION FORM

Agency Number: Agency Name:

OFFICE USE: Contract: Client 1: Client 2:

Please complete this application in BLOCK CAPITALS and tick any relevant boxes. Once you have submitted this application you may ask for a copy to be sent to you.

SECTION 1 PERSONAL DETAILS

LIFE / LIVES TO BE ASSURED

First Life Details

Mr. Mrs. Ms.

First Name:

Surname:

Address:

Date of birth:

Contact Numbers:

Home

Work

Mobile

Email

Have you smoked any cigarettes, cigars, pipes or tobacco in the last 12 months? Yes No

If yes, how many per day?
(Please note that we may carry out a test to verify non-smoker status.)

Second Life Details

Mr. Mrs. Ms.

First Name:

Surname:

Address:

Date of birth:

Contact Numbers:

Home

Work

Mobile

Email

Have you smoked any cigarettes, cigars, pipes or tobacco in the last 12 months? Yes No

If yes, how many per day?
(Please note that we may carry out a test to verify non-smoker status.)

POLICY OWNER(S) Please complete only if the Policy Owner(s) details are different to the Life/Lives Assured details

Policy Owner 1

Mr. Mrs. Ms.

First Name:

Surname:

Address:

Date of birth:

Contact Numbers:

Home

Work

Mobile

Email

Policy Owner 2

Mr. Mrs. Ms.

First Name:

Surname:

Address:

Date of birth:

Contact Numbers:

Home

Work

Mobile

Email

SECTION 2 YOUR COVER REQUIREMENTS

In this area of the application, you will tell us what type of cover you would like. We have included explanatory notes for your assistance
Please select the **Basis of Cover** you want.

Single life: ☐ Joint life: ☐ Dual life: ☐

If this is a Joint Life or Dual Life Policy, please explain the nature of the **Insurable Interest:**

Business Cover ☐ Family Protection ☐ Personal Cover ☐ Mortgage Protection ☐ Other ☐

If Other, please give details:

Please select the **nature of the cover required:**

Term Assurance ☐ Convertible Term Assurance ☐ Mortgage Protection ☐

If you have chosen Term Assurance or Convertible Term Assurance, **please complete Section 2.1**

If you have chosen Mortgage Protection, **please complete Section 2.2**

SECTION 2.1 TERM ASSURANCE OR CONVERTIBLE TERM ASSURANCE

Level or Increasing Benefit? Level ☐ Increasing ☐

(benefit increases by 5% per annum, and premium increases by 8% per annum with this option)

Term of Cover ☐ (in years)

Please select the **Type and Amount of Cover** you would like

Note: *Accelerated Specified Illness Cover cannot exceed the amount of Life Cover.*

Life cover only ☐ (or) Specified Illness cover only ☐ (or) Life & Specified Illness (Accelerated cover) ☐ (or) Life & Specified Illness (Double cover) ☐

	First Life (or both Lives, if Joint Life is chosen)	Second Life, if Dual Life is chosen
Life Cover	€	€
Specified Illness Cover	€	€

SECTION 2.2 MORTGAGE PROTECTION

What is the term of your mortgage? ☐ (in years)

Interest Rate 6% ☐ or 8% ☐

(For details of the differences in benefit provided by your choice of mortgage interest rate, please consult your Financial Adviser)

	First Life (or both Lives, if Joint or Dual Life is chosen)
Life Cover	€
Accelerated Specified Illness Cover	€

SECTION 2.3 POLICY DETAILS

Frequency of Premium Payment

Note: *Annual premiums may be paid by Cheque or Direct Debit. All other frequencies must be paid by Direct Debit.*

Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually ☐

Policy Start Date

Preferred Premium Collection Day (Select a date your premium will be taken each month, between the 1st & 28th day)

SECTION 3 UNDERWRITING DETAILS

Please answer all questions on this application carefully and honestly, giving full details.

When completing this application form you must disclose all Material Facts.

A Material Fact is any fact that the insurer would regard as likely to influence the assessment and acceptance of the proposal.
Failure to disclose all Material Facts, including full disclosure of your medical details and history, may delay or prevent the issue of your policy; cause it to be cancelled at a later date; and/or invalidate future claims. If you are in any doubt as to whether a fact is a Material Fact you should disclose it.

You are not required to disclose any genetic test results you may have had and we will not have regard to any genetic tests that come into our possession.

You are, however, required to provide us with full details (other than genetic tests) in answer to the health questions including full details about your family history as required in the health details section.

You must advise us of any changes in your health or circumstances which happen between now and the date you receive your policy documentation from Friends First, which would make any of the answers on this form wrong or incomplete. Failure to do so may invalidate future claims.

Please note: *In answering the questions below, you do not need to disclose details relating to the following ailments: Acne, Anal fissure (single episode only), Hayfever (without Asthma), Ganglion, Minor allergies, Thrush/Candidiasis, Chickenpox, Colds/Influenza, Food poisoning, Measles, Heat Stroke/Sunburn/Sunstroke, Laryngitis, Lockjaw (provided full recovery has been made), Mumps, Pharyngitis, Stomach bug (including Gastroenteritis once fully recovered), Glandular fever (provided fully recovered), IGTN, Haemorrhoids/piles, Verruca, Childhood Bronchitis, Pregnancy (assuming no complications), Miscarriage (assuming no complications), Sinusitis/Nasal Polyps, Tonsillitis/Quinsy*

QUESTIONS

	First Life		Second Life	
	Yes	No	Yes	No
1. Do you work in any of the following areas: - Armed Forces - Aviation - Fishing - Mining, Quarrying or Tunnelling - Motorcycle Couriering - Oil & Gas Exploration or Nuclear Energy - Professional Sports or Diving - At exposed heights of over 40 feet / 12 metres? - With high voltage, explosives, hazardous materials, furnaces or tarmac / asphalt If yes, please provide details of the nature of your work, including your job title.	☐	☐	☐	☐

SECTION 3 UNDERWRITING DETAILS (CONTINUED)

	First Life Yes	First Life No	Second Life Yes	Second Life No
2. Do you, or do you intend to, engage in hazardous or extreme sports or pastimes of any kind e.g. aviation (other then as a fare paying passenger), equestrianism, gliding, hang-gliding, motor sports, mountain climbing, parachuting, professional diving, sports diving or other? If yes, please tell us which of these pastimes you are referring to. Also, please note that you will need to complete a further questionnaire, which is available separately, from your Financial Adviser.				
3. Have you in the last five years lived or worked abroad, apart from the EU, North America, Switzerland, Scandinavia, Australia or New Zealand; or are you currently doing so, or do you intend to in the future? If yes, please tell us where and for how long.				
4. Have you ever been declined, postponed or accepted on special terms by Friends First or any other insurer for life, specified illness or income protection cover? If yes, please give details of the company, benefit amount and the reason for the decision made.				
5. (a) Does the total amount of cover (Life and Specified Illness) that you already hold, together with this application and any other pending or concurrent applications, exceed an amount of €10 million? Types of cover include, but are not limited to, any personal cover, mortgage cover (business or personal), business cover and death in service cover.				
(b) Are you currently applying for Life or Specified Illness cover with other insurers with the intention of taking out total cover (including this application) in excess of €1.3 million life cover or €750,000 serious illness cover? If yes, please provide details of the insurer(s), type of cover, amount applied for, and the reason for the cover.				
6. Do you currently have a GP? If yes, please provide the name and address of your doctor				

First Life	Second Life
Name of doctor:	Name of doctor:
Address:	Address:

Please note that we may not necessarily contact your GP for a report.

Further Detail (Please indicate question and life assured). Q.	

SECTION 3 UNDERWRITING DETAILS (CONTINUED)

	First Life		Second Life	
	Yes	No	Yes	No
7. (a) Please tell us your height (without shoes) in feet/inches or cm.	feet	inches	feet	inches
(b) Please tell us your weight (in indoor clothes) in stone/lbs or kg.	stone	lbs	stone	lbs
8. What is your average consumption of alcohol per week over the last year in units?				
Note: *A unit is defined as follows: 1 pint of beer = 2 units, 1 bottle of beer = 1.5 units, 1 glass of wine = 1.5 units, 1 measure of spirits = 1 unit*				
9. Have you ever been advised by a doctor to cease or reduce your alcohol consumption, or been treated for drug or alcohol addiction or misuse?				
10. Have you ever taken cannabis, ecstasy, cocaine, heroin or any other non-prescribed drugs?				
11. Have you ever tested positive for HIV, Hepatitis B or C, or are you awaiting the results of such a test?				
12. Within the last five years, have you tested positive or been treated for any disease that was transmitted sexually?				
13. Have either of your parents, or any brothers or sisters, died or suffered from any of the following before age 60:				

Heart disease, Stroke, Cancer, Multiple Sclerosis, Huntington's Disease, Motor Neurone Disease, Polycystic Kidney Disease or Polyposis of the Colon?

If yes, please specify the family member, their age at diagnosis, and the site of any cancer e.g. colon, breast

If you are adopted, please answer no to this question.

Further Detail

If you answered yes to any of the questions above, please provide further details. Please indicate the question and the life assured to whom the detail refers.

Q.	

SECTION 3 UNDERWRITING DETAILS (CONTINUED)

	First Life Yes	First Life No	Second Life Yes	Second Life No
14. Have you ever had, or been suspected of having, or consulted anyone, for example doctors, specialists, hospitals, clinics, counsellors, osteopaths or physiotherapists, about any of the following?				
(a) Cancer, leukaemia, lymphoma, Hodgkin's disease or any tumour (including brain tumour, spinal tumour or any other type of tumour)?				
(b) Heart attack, angina, cardiomyopathy, heart valve disorder, or any other heart disease or disorder?				
(c) Stroke or a Transient Ischaemic Attack (TIA), brain haemorrhage or permanent brain injury?				
(d) Multiple sclerosis, Parkinson's disease, paralysis, Alzheimer's disease, dementia, cerebral palsy, or any other disorder of the central nervous system (brain, spinal cord & nerves)?				
(e) Diabetes or sugar in the urine?				
(f) Mental illness that required hospital treatment or referral to a psychiatrist?				
(g) Any disease or disorder of the circulatory system (including disease of the arteries, aorta, or disease in the legs such as peripheral vascular disease or claudication)?				

Further Detail
If you answered yes to any of the questions above, please provide further details such as the name of the condition, medication taken, and current status of the condition. Please indicate the question and the life assured to whom the detail refers.

Q.	

	First Life Yes	First Life No	Second Life Yes	Second Life No
15. In the **last five years** have you had, or do you currently have, any of the following?				
(a) Any kind of medical attention or time off work for depression, stress, anxiety, chronic fatigue, ME, exhaustion or other mental or nervous disorder?				
(b) Back pain, arthritis, or any other disorder of the spine, neck or joints (including slipped disc, sciatica, neck pain, shoulder pain, knee pain or gout)?				
(c) A cyst, benign tumour, lump or growth of any kind; or any mole or freckle that has bled, become painful, changed colour or increased in size, whether seen by a doctor or not?				
(d) An abnormal cervical smear test (except where the repeat test was normal and no further action or follow-up was required), abnormal mammogram or any other gynaecological disorders, or have you been referred for a biopsy of the breast, cervix or uterus?				

SECTION 3 UNDERWRITING DETAILS (CONTINUED)

	First Life		Second Life	
15.	Yes	No	Yes	No
(e) An enlarged prostate or raised PSA (prostate specific antigen)?				
(f) Chest pain, irregular heart beat, raised blood pressure, or raised cholesterol?				
(g) Asthma, bronchitis, pneumonia, pleurisy, tuberculosis, sarcoidosis or any other respiratory disorder?				
(h) Numbness, loss of feeling, tremor, tingling of the limbs or face or temporary loss of muscle power?				
(i) Epilepsy, seizures, fits, blackouts, or more than one-off episodes of dizziness or fainting?				
(j) Crohn's disease, hepatitis, ulcerative colitis, ulcer, gallstones, or any disease of your digestive system, stomach, pancreas, bowels or liver?				
(k) Any problems or abnormalities with your kidneys or bladder (including urinary tract infections or kidney cysts), or any abnormality of your urine (e.g. the presence of blood or protein)?				
(l) Anaemia or any blood disorder?				
(m) Thyroid disorder?				
(n) Any disorder of the eyes or vision (not wholly corrected by spectacles or contact lenses) including blurred or double vision and optic neuritis?				
(o) Any disorder of the ears, including hearing impairment or problems with balance?				
(p) Psoriasis, eczema, dermatitis, or any other skin problem?				
16. Apart from anything already mentioned and apart from the ailments listed below:				
(a) Have you had, or been advised to have any medical investigations, scans, tests or treatment in the past five years, or are you awaiting same?				
(b) Are you currently taking prescribed drugs, medicine, tablets or any other treatment?				
(c) Are you experiencing any conditions, symptoms or complaints for which you have not yet consulted a doctor?				

Please remember, in answering all questions on this form, including question 16, you do not need to disclose details relating to the following ailments:

Acne, Anal fissure (single episode only), Hayfever (without asthma), Ganglion, Minor allergies, Thrush/Candidiasis, Chickenpox, Colds/Influenza, Food poisoning, Measles, Heat stroke/Sunburn/Sunstroke, Laryngitis, Lockjaw (provided full recovery has been made), Mumps, Pharyngitis, Stomach bug (including gastroenteritis once fully recovered), Glandular fever (provided fully recovered), IGTN, Haemorrhoids/Piles, Verruca, Childhood Bronchitis, Pregnancy (assuming no complications), Miscarriage (assuming no complications), Sinusitis/Nasal Polyps, Tonsillitis/Quinsy.

Further Detail
If you answered yes to any of the questions above, please provide further details such as the name of the condition, medication taken, and current status of the condition. Please indicate the question and the life assured to whom the detail refers.

Q.	

Further Detail

You can use this page to provide any additional medical information you feel is relevant.

SECTION 4 DECLARATIONS

If this application is being submitted online, please forward ONLY Section 4 (Declarations) and Section 5 (Direct Debit Mandate). The full application is NOT required. You can forward these documents by attaching them to your proposal submission or scan/email to newbusiness@friendsfirst.ie

Online Application Number:

(a) Declarations

- I/We understand that this application, if partly completed online, shall consist of the declarations and consents made by me/us herein along with the details provided in my/our online application.
- I/We submit this application, along with any subsequent information provided in relation to this application, verbally or otherwise, by me/us or an agent acting on my/our behalf, with a view to entering into a contract for the benefits set out herein.
- I/We understand that the policy will commence on the commencement date indicated on the policy or on such other date as notified by Friends First.
- I/We understand that terms and conditions, as provided to me/us, will apply.
- I/We have read over the replies to all questions in this application and declare that to the best of my/our knowledge and belief, all information given is true and includes all material facts and I/we understand that failure to disclose all relevant facts, including full disclosure of my/our medical details and history, may delay or prevent the issue of my/our policy and/or may invalidate future claims. If you are in any doubt as to whether a fact is a material fact you should disclose it.
- I/We consent to Friends First, verbally or otherwise, seeking and receiving additional information from me/us or my/our agents where this information has not been provided on the application or where further information, including medical information, is required in order to process the application and such information will be deemed to be incorporated into this application.
- I/We undertake to inform Friends First of any change in my/our country of residence during the life of the policy.
- I/We understand that in the interest of customer service and to ensure the accuracy of records, telephone conversations between Friends First and me/us may be recorded.
- I/We understand that Friends First will not refund premiums retrospectively, prior to me/us advising Friends First of the cancellation or alteration of this policy. It is my/our responsibility to notify Friends First of any change in my/our circumstances.

Lives assured: *Please sign and date.*

Signatures of life/ lives to be assured: **Date:**

✗ ✗

Life 1

✗ ✗

Life 2

Policy Owner(s): *Please sign and date.*

Policy Owner(s): (if different from above) **Date:**

✗ ✗

✗ ✗

b) Life Assurance (Provision of Information) Regulations, 2001

DECLARATION UNDER REGULATION 6(3) OF THE LIFE ASSURANCE (PROVISION OF INFORMATION) REGULATIONS, 2001.

WARNING If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or insurance intermediary.

Friends First Policy Number to be cancelled:

Declaration of Insurer or Intermediary

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, ______________________________ (the client) has been provided with the information specified in Schedule 1 to those Regulations and that I have advised the client as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Financial Adviser: *Please sign and date.*

Signature of Financial Adviser: **Date:**

✗ ✗

Declaration of Client

I confirm that I have received in writing the information specified in the above declaration.

Policy Owner(s): *Please sign and date.*

Policy Owner(s): **Date:**

✗ ✗

✗ ✗

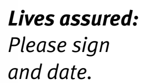
SECTION 4 DECLARATIONS (CONTINUED)

c) Data Protection

Friends First Life Assurance Company Limited ("Friends First") or its authorised agents may hold, use, disclose and process any information provided by me, which shall include the information held within this application and any subsequent information, provided verbally or otherwise, during the course of our relationship, in order to:

1. process, manage and administer my policy
2. communicate with me by post, telephone or e-mail
3. comply with legal and regulatory requirements
4. disclose data to any policyholder, life assured, beneficiary, trustee, assignee, successors, company within the Achmea/ Friends First group or to any agent acting on your behalf, or to other disclosees as notified to the Data Protection Commissioner's Office and maintained on the Public Register available from that office.

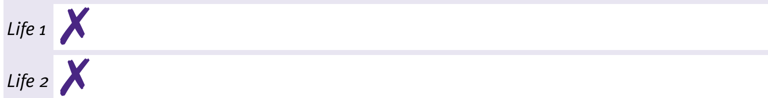
I am aware that I have the right of access to my personal data and the right to rectify my data if it is inaccurate or has been processed unfairly. I consent to Friends First collecting and processing sensitive data relating to my mental and physical health. I consent to Friends First seeking medical information from any doctor or other medical professional who has at any time attended me concerning anything which affects my physical or mental health. I agree that this authority shall remain in force after my death as well as prior thereto. I further understand that in the event of me being medically examined the answers given by me to the medical examiner acting on behalf of Friends First shall be deemed to be incorporated into this application.
Please note that failure to consent to the above will prevent Friends First from processing your application further, furthermore, failure to answer any question contained herein may result in Friends First refusing to accept your application or denying a claim.Your personal data may also be used to send you details about other similar services available from Friends First. If you do not wish to avail of this service, please tick this box.

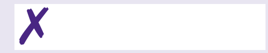


Lives assured: *Please sign and date.*

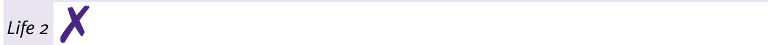
Signatures of life/ lives to be assured: **Date:**

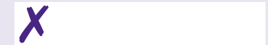
Life 1





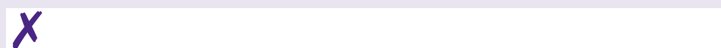
Life 2

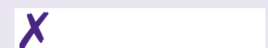




Policy Owner(s): *Please sign and date.*

Policy Owner(s): (if different from above) **Date:**





SECTION 5 SEPA DIRECT DEBIT MANDATE

Unique Mandate Reference (UMR):

Originator's ID number: I E 6 7 S D D 9 9 0 4 5 7

By signing this mandate form, you authorise (A) Friends First Life Assurance Company Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Friends First Life Assurance Company Limited.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank. Please complete all the fields marked *.

*Name of Account Holder

*Address of Account Holder

*City/postcode

*Country

*IBAN Account number:

*BIC Code:

Type of payment: Recurrent payment: ✔

By signing this mandate form, you authorise Friends First to provide at least 4 days advance notice before the first direct debit is collected from your account.

*Name of account to be debited: **Joint Account**

1st Account Holder

2nd Account Holder

***Signatures for Joint Accounts requiring two signatures:**

1st Signature ✗

Date: ✗

2nd Signature ✗

Date: ✗

*Name of account to be debited: **Single Account**

Account Holder:

** I confirm that only my signature is required on this account*

Signature: ✗

Date: ✗

* Policyholder's name, if different from name of account to be debited:

Please return this mandate to Friends First Life Assurance Company Limited and not your bank:

Creditors Name:
Friends First Life Assurance Company Limited.

Creditors Address:
Friends First Life Assurance Company Limited
Premium Collection Department,
Cherrywood Business Park, Loughlinstown,
Dublin 18.

Friends First Life Assurance Company Ltd
Friends First House
Cherrywood Business Park
Loughlinstown
Dublin 18

www.friendsfirst.ie

Friends First Life Assurance Company Limited is regulated by the Central Bank of Ireland.
In the interest of customer service and to ensure the accuracy of our records calls will be recorded and monitored.